

2014 DC FREE SUMMER MEALS PROGRAM
SPONSORS INTENT TO PARTICIPATE FORM

Sponsor Name _____

Address _____

Telephone # _____

Fax # _____

Contact Person _____

Title _____

Email Address _____

of Sites _____ Ward(s) _____

Month (s)	Estimated Operating days per month	Estimate of Children served per day	Breakfast	Lunch	Snack	Supper
June						
July						
August						
September						
Totals						

Completion of this form does not obligate the Sponsor to participant in the Free Summer Meals Program for 2014. The primary purpose of this form is to utilize the data to provide preliminary information to the USDA on the number of potential sponsors for summer 2014. Thank you for your interest and your continued assistance in providing the children of DC with nutritious meals during the summer. Please return this form no later than: **Monday, March 3, 2013**

If you have any questions, contact **Elisabeth Sweeting**, Program Specialist for DC Free Summer Meals Program at **(202) 724-7628** or email elisabeth.sweeting@dc.gov. You are encouraged to e-mail or fax your Intent to Participate form to (202) 724-7656, Attn: Elisabeth Sweeting, Summer Meals 2014.